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\*\* CONTINUING DATA \*\*\*\*\*

NONE OA

\*\* FOREIGN APPLICATIONS \*\*\*\*\*

NONE OA

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 01/30/2002

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY IL	SHEETS DRAWING 9	TOTAL CLAIMS 16	INDEPENDENT CLAIMS 4	
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance					
Verified and Acknowledged	Examiner's Signature <i>Olson</i>	Initials <i>Amwah</i>	OA.		

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## TITLE

Method and system for providing enhanced caller identification information including total call control for all  
 received calls

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
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